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Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

CONTRACTO THE SENATE

2017 JAN 31 PM 1: 14

(Revised 05/2016)

Office Use Only

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		Example: If typi over the lines.	ng, type	12FE4M5		
Friends of Bernie Şanders							
ADDRESS (number and street)							
Check if different							
than previously reported. (ACC)	Burlington	1111	<u> </u>	1 1	L VT	05402	
2. FEC IDENTIFICATION N	UMBER ▼	CITY	A	\$	STATE A	ZIP CODE ▲	
C 00411330	·~-	3. IS THIS	FI NO	A1	AMENI	STATE ▼ DISTRICT	
10, 00411000		3. IS THIS NEW (N) OR			X AMEN (A)	VT VT	
4. TYPE OF REPORT (Cr	lean ean	<u></u>	<u></u>				
(b) 12-Day PRE-Election Report for the:							
April 15 Quarterly	Report (Q1)	1	Primary (12)	P) [General (12G)	
July 15 Quarterly F		f -	Convention	(12C)] Special (128)	
October 15 Quarte		Et. Al	M * M	/ D D /	V - V - V - V	in the	
January 31 Year-Ei	ad Basad MD	Election on State of					
valually of toal-ci	nd Report (TE)		POST-Election Re	· -	T	<i>(</i> 3	
i51		í	General (30)	G) <u> </u> _	Runoff (3	0R) Special (30S)	
Termination Report	(TER)	Election	on 41 m	′ [08] ′	2016 Y Y	in the State of	
5. Covering Period [10	20	20 <u>16 * * *</u>	through	<u> </u>	28	2016	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.							
Type or Print Name of Treasurer Haggard, Lora							
Signature of Treasurer Signature of Treasurer Signature of Treasurer Signature of Treasurer							
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109. Office							
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